

Department For Behavioral Health, Developmental and Intellectual Disabilities
Administration and Financial Management
Rate Notice

Facility: Eastern State Hospital LTC/ABI

2018

Nursing Cost

1.	Total Allowed Nursing Cost	\$ 2,952,162.00
2.	Trending Factor	1.0320000
3.	Trended Nursing Cost	\$ 3,046,631.18
4.	Indexing Factor	1.0280000
5.	Indexed Nursing Cost	\$ 3,131,936.85
6.	Patient Days	5,859
7.	Nursing Services Per Diem Payment Rate	\$ 534.55

All Other Cost

1.	Other Care Related Costs	\$ 200,878.00
2.	Other Operating Costs	\$ 1,152,850.00
3.	Indirect Ancillary Costs	\$ 9,812.00
4.	Total All Other Costs (Other Than Capital) - calculated	\$ 1,363,540.00
5.	Trending Factor	1.0320000
6.	All Other Costs Trended - calculated	\$ 1,407,173.28
7.	Indexing Factor	1.0280000
8.	All Other Costs Indexed	\$ 1,446,574.13
9.	Capital Costs	\$ 399,815.00
10.	Total All Other Costs (Trended and Indexed)	\$ 1,846,389.13
11.	Patient Days	5,859
12.	All Other Cost Per Diem	\$ 315.14

Payment Rate Computation

1.	Nursing Services Per Diem Payment Rate	\$ 534.55
2.	All Other Cost Per Diem Rate	<u>\$ 315.14</u>
TOTAL RATE		<u>\$ 849.69</u>